

# Summary of Notice of Privacy Practices

## University of La Verne, Student Health Services

This is a summary of the Student Health Services' Notice of Privacy Practices. We are required by law to maintain the privacy of your health information and to follow the privacy practices in this notice. Please review it carefully.

### What is "HIPAA?"

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

It describes how we may use or disclose your Protected Health Information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information.

You have the right to approve or refuse the release of specific PHI outside of our system except when the release is required or authorized by law or regulation.

### What is "PHI?"

Protected Health Information (PHI) is all the information regarding your health care at the Student Health Center, health care information given to the Student Health Services at your request by other providers, and health care billing information. Generally, it is the information in your medical record. The Student Health Services is required by law to maintain the privacy of all PHI, to provide you with notice of our legal duties and practices, to abide by the terms of this Privacy Notice, and to provide clients with a copy of the revised notice.

A. Uses and Disclosures of PHI: We use and disclose health information about you for treatment, payment, and healthcare operations. For example, a provider may need to discuss PHI to an insurance company to obtain authorization or to order an x-ray. A provider may need to discuss PHI with the pharmacist to order a medication over the phone. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

B. Under limited circumstances, the Student Health Services may use or disclose your PHI without your consent. These include:

1. Diseases that must, according to state law, be reported to the Public Health Department (examples include tuberculosis, some sexually transmitted diseases, and anthrax.)
2. Emergency situations in which you are unable to give consent and your health care provider attempts to get consent as soon as it is reasonably practicable after delivery of care.

3. Your health care provider cannot get consent due to substantial barriers in communication, and the health care provider determines that your consent is inferred from the circumstances.

4. If the Student Health Services is required by law to treat you and your health care provider has tried but is unable to get your consent.

5. Review by the Student Health Services for internal quality assessment, or by an accrediting body, such as the Association for Accreditation of Ambulatory Health Care.

6. We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or a possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

C. If other applicable law prohibits or limits use or disclosure of your PHI, the Student Health Services follows the more stringent law (i.e. subpoena).

D. Any use or disclosure other than those described above is done only after you give your consent. You may cancel your consent at any time by notifying the Student Health Services in writing.

E. PHI disclosed at your request by the Student Health Services to another health care provider can be disclosed by them without the knowledge of the Student Health Services.

You have the right:

- To request restrictions on certain uses and disclosures of your PHI.
- To receive confidential communications of your PHI.
- To inspect and be provided a copy of your PHI, unless this might be harmful to you or to others.
- To request an amendment of your PHI.
- To receive an accounting of disclosures of PHI.
- To obtain a paper copy of this Privacy Notice.
- To appeal to the University or the US Health and Human Services Secretary, if you believe your privacy rights have been violated.

I have received and read the Notice of Privacy Practices form that was provided by University of La Verne's Student Health Services.

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Student Signature

Date

Please return to: Student Health Services